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From: Chief of Naval Operations

Subj: REQUIRED OPERATIONAL CAPABILITIES AND PROJECTED OPERATIONAL ENVIRONMENT FOR THE ROLE 2 LIGHT MANEUVER EXPEDITIONARY RESUSCITATIVE SURGICAL SYSTEM

Ref: (a) OPNAVINST C3501.2L
(b) DoD Directive 6200.04 of 9 October 2004
(c) JP 4-02
(d) OPNAVINST 4040.39C

Encl: (1) Projected Operational Environment for the Role 2 Light Maneuver Expeditionary Resuscitative Surgical System
(2) Required Operational Capabilities for the Role 2 Light Maneuver Expeditionary Resuscitative Surgical System

1. Purpose. To issue required operational capabilities (ROC) and the projected operational environment (POE) for the Role 2 Light Maneuver (2LM) Expeditionary Resuscitative Surgical System (ERSS).

2. Cancellation. None.

3. Background. The ERSS provides personnel and equipment to accomplish rapid damage control resuscitation and damage control surgery in order to stabilize patients in forward-deployed austere locations afloat or ashore.

4. Scope and Applicability. Enclosures (1) and (2), prepared as directed by reference (a), define ERSS mission areas, operational capabilities and employment environments. This instruction supports manpower planning and readiness reporting criteria definition.

5. Action. The deployable medical systems resource sponsor Director, Medical Systems Integration and Combat Survivability Division (OPNAV N44) in coordination with the Navy Surgeon General will periodically review this instruction and recommend changes when the ROC POEs for ERSS are significantly altered.

6. Records Management.

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

7. Review and Effective Date. Per OPNAVINST 5215.17A, OPNAV N44 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency and consistency with Federal, Department of Defense, Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



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Releasability and distribution:

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PROJECTED OPERATIONAL ENVIRONMENT FOR THE ROLE 2LM EXPEDITIONARY
RESUSCITATIVE SURGICAL SYSTEM

1. Operational Environment. The ERSS is a military unit that provides personnel and equipment to accomplish rapid damage control resuscitation and damage control surgery in order to stabilize patients in forward-deployed austere locations (afloat or ashore). The ERSS is a light, agile and modular Role 2LM capability that provides fully manned, trained and equipped expeditionary options focused on immediate life and limb saving damaged control resuscitation and damage control surgery. The ERSS is designed to provide this capability close to the point-of-injury, afloat, undersea or ashore during combat or contingency operations with a relatively minimal personnel and man-portable equipment footprint which significantly enhances ERSS flexibility and mobility for expeditionary or distributed maritime operations. The ERSS will receive patients from forward role 1 (including point-of-injury self- and buddy-aid through corpsmen or general medical officer unit-level medical care) and other Role 2 entities in order to provide emergency damage control resuscitation and damage control surgery. The ERSS relies on a host organization to provide all essential base operating support (BOS), enduring external communication infrastructure and force protection. ERSS supports designated Navy component commander and combatant commander combat and contingency missions, reducing risk to operational personnel in austere locations and enhancing strategic agility, operational reach, tactical flexibility and rapid operational tempo. The ERSS is manned, trained and equipped to support combat and contingency operations afloat or ashore. The ERSS may be employed across the range of military operations at the discretion of the supported combatant commander.

2. Detailed Environmental Considerations. The ERSS will:

a. Be capable of operating in the designated battle space through available shipboard platforms (to include sub-surface), buildings of opportunity, pre-designated host nation facilities and limited spaces.

(1) Support forces afloat aboard any U.S. Navy ship. ERSS will operate within existing supported unit's medical spaces, use spaces of opportunity on the host ship or buildings of opportunity ashore; however, designated spaces must be accessible by modular gear assemblages and patient litters.

(2) Support Navy, Marine Corps and joint forces in an expeditionary environment, in excess of those forces' organic capability (ashore or afloat).

b. Provide damage control resuscitation and damage control surgery within a support construct provided by a host unit either ashore, in both cold and hot weather extremes or afloat. ERSS relies on a host organization to provide all essential BOS, enduring external communication infrastructure and force protection.

(1) ERSS has no organic BOS. All BOS requirements for full operating capability and sustained operations must be supplied by the supported or requesting operational commander.

(2) BOS support requirements for ERSS include a minimum 10 x 10-foot space (climate controlled as necessary) allocation for adequate resuscitation and surgical intervention for up to two patients at a time. Additional space will be required for equipment storage and post-operative and post-resuscitation patients. The ERSS relies upon the host platform or unit for all billeting, messing, utilities, force protection, logistics support, admin support, external communications, water, hazardous material management and waste disposal.

c. Not be expected to operate independently within a chemical, biological, radiological (CBR) environment. ERSS is not designed or equipped to do so.

d. Be capable of transport via road, rail, sea or air. All materials can be packaged for air, road, rail or sea transport.

REQUIRED OPERATIONAL CAPABILITIES FOR THE ROLE 2LM EXPEDITIONARY
RESUSCITATIVE SURGICAL SYSTEM

1. Mission and Employment Characteristics.

a. The ERSS mission is to deliver damage control resuscitation and damage control surgery in austere afloat or ashore environments, as close to the point of injury as feasible. The ERSS is a modular Role 2LM capability that provides fully manned, trained and equipped expeditionary medical options focused on immediate life- and limb-saving surgery and trauma care. However, separation of damage control surgery and damage control resuscitation modules will degrade the capacity of each upon separation. The relatively small personnel and equipment footprint of the ERSS significantly enhances its flexibility and mobility for expeditionary or distributed maritime operations.

b. The ERSS is designed, developed and resourced with unit type codes (UTC) which comprise equipment and manpower sets that can be coordinated through the Joint Operation Planning and Execution System for operation plan and contingency operations. The capability, while deliberately small and austere, can be scaled further, based on mission-specific requirements (i.e., only surgical capability required or only trauma or resuscitative capability required) and supported platform or unit space constraints (e.g., deployed aboard a submarine).

2. Detailed Operating Considerations. The ERSS will:

a. Provide Role 2LM health services damage control resuscitation and damage control surgery to support combatant commander requirements.

b. Be capable of deploying a certified ERSS unit within 10 days of receipt of a deployment order guidance.

c. Provide Role 2LM level of care in a flow-through mode for patients in any operational area per references (b) through (d).

d. Provide augmentation support to existing medical platforms to increase damage control resuscitation and damage control surgery throughput as required.

e. Accept augmentation support from other deployable medical systems or naval expeditionary health service support capabilities to increase capacity, throughput, endurance or scope of mission.

f. Be capable of providing a limited set of mobile ancillary services in direct support of damage control resuscitation and damage control surgery, including laboratory, blood storage, pharmacy, ultrasound and cold sterilization.

g. Support patient movement with limited capacity and endurance, based on injury severity and ERSS mission-specific configuration, for post-operative holding care and preparation of patients for movement. ERSS does not maintain an organic en route care capability. ERSS team members and equipment can be used in extremis to provide care for patients during casualty evacuation (CASEVAC) to another role of care, with the understanding that absence of any personnel may significantly degrade ERSS's damage control surgery or damage control resuscitation capability or capacity until personnel return.

h. Provide a capability to conduct damage control resuscitation and damage control surgery. Each ERSS includes a team of medical personnel and prepackaged equipment and consumables needed to support damage control resuscitation and damage control surgery. Comprised of UTCs, the ERSS is tailorable for use in different situations. With appropriately assigned parent and child equipment UTCs and with separate UTCs for damage control resuscitation personnel and damage control surgery personnel, planners can request ERSS tailored for specific mission requirements and supported platform or unit space constraints. Table 2-1 describes anticipated mission-specific attributes achievable through appropriate development and application of UTCs.

Anticipated Mission-Specific ERSS UTC Application			
Configuration	Functions	Capacity	Footprint
Surface Ship or Ashore (Complete set of personnel, equipment and supplies (See note below))	damage control re-suscitation & damage control surgery	4 major surgeries and 6 other procedures	26 watertight cases 2,300 pounds 274 cu. ft.
Surface Ship or Ashore (Optimized for employment aboard surface combatants [guided missile destroyer (DDG), Littoral Combat Ship (LCS)])	damage control re-suscitation & damage control surgery	2 major surgeries and 3 other procedures	14 watertight cases 1,200-1,500 pounds 157 cu. ft.
Submarine (Optimized for employment aboard submarines)	damage control surgery Only	1 major surgery and 2 other procedures	7 watertight cases 650 pounds 120 cu. ft.
Note: Consumables can be fully resupplied by a push package contained in 15 watertight cases totaling 1,500 pounds and 178 cu. ft.			

Table 2-1

i. In an austere or isolated environment, an ERSS team may be required to hold patients for an extended period without resupply or personnel augmentation. In some cases, access to host unit medical supplies may be required to achieve this goal. One or two severely injured or critically ill patients can very quickly task-saturate the most-experienced, austere surgical team. The ERSS operates most efficiently and effectively with immediate (as soon as safely possible) medical evacuation or CASEVAC after damage control resuscitation or damage control surgery. Depending on patient injury pattern and stability, holding multiple patients for more than 12 or 24 hours may significantly degrade the ERSS capability and the team's ability to take on more patients.

j. Provide limited command, control and communications. ERSS command and control (C2) capability is limited to internal team planning, synchronization, resource utilization, communications sufficient only for initial operational capability and direct coordination with host organizations. The ERSS relies on host organizations or platforms for enduring external communications and network infrastructure necessary to facilitate operational planning with higher headquarters, medical situational awareness, patient information, medical regulation and medical logistics.

k. Provide limited equipment maintenance capability. Organic ERSS capability does not support corrective maintenance of equipment. Organic ERSS preventive maintenance capability is limited to basic function checks and operator-level actions.

l. Maintain a basic capability for survival in the CBR environment, when provided with necessary equipment and supplies by the supported unit; ERSS capability in CBR environment includes treatment of previously decontaminated patients and administration of basic CBR countermeasures.

m. Be capable of providing in extremis support during CASEVAC to the next role of care. ERSS does not maintain an organic en route care capability; absence of any personnel will degrade the intended ERSS damage control surgery or damage control resuscitation capability to treat additional casualties.

n. Be manned and equipped to accomplish objectives annotated in subparagraphs 2n(1) through 2n(4):

(1) Load and unload ERSS authorized medical allowance list (AMAL) aboard host ships or other means of transport (e.g., helicopter, truck, rigid-hulled inflatable boat).

(2) Manage C2 of organic capabilities and integrate with host platform for internal and external support requirements.

(3) Achieve operational capability within one hour of arrival at designated location.

- (4) Prepare patients for evacuation and movement to the next role of care.
- o. Be capable of holding stabilized patients for 24 hours a day in 12-hour shifts.
 - p. Operate in both cold and hot weather extremes based on the climate-controlled BOS support provided by the host unit.
3. Mission Areas. Table 2-2 identifies the primary (P) and secondary (S) mission areas.

ERSS Mission Areas									
AT, FP	C2	CIC	CO	EXW	FS-A	HS	MOB	MOS	NCO
S	S	S	S	S	S	P	S	S	S
AT, FP: Anti-terrorism, Force Protection C2: Command and Control CIC: Confronting Irregular Challenges CO: Cyberspace Operations EXW: Expeditionary Warfare FS-A: Fleet Support - Administration HS: Health Services MOB: Mobility MOS: Missions of State NCO: Noncombat Operations									

Table 2-2

4. Readiness Conditions. Reference (a) requires that ROCs be designated for each readiness condition or readiness state applicable to a unit. This designation supports determination of the unit's manpower requirement. Readiness conditions apply to ships; readiness states apply to aviation and staff units. Neither applies to ERSS. Although readiness conditions and states do not apply, ERSS will be subject to readiness reporting requirements based on prescribed primary and secondary mission areas and the assigned ROCs.

a. When an ERSS deploys, all designated ROCs apply, either fully or with limitations, as listed in Table 2-4. An ERSS's required capability and capacity do not vary with readiness condition (as does a ship) or with readiness state (as does an aviation or staff unit). ERSS trained personnel, equipment and supplies must support the full range and depth of required activities at any time while deployed.

b. BUMED establishes Tiered Readiness Program executed by subordinate commands to generate and report ready medical forces. The tiered readiness approach prioritizes unit preparedness by ensuring training prerequisites are planned and programmed on a prescribed training cycle. The Tiered Readiness Program balances the demand for capabilities with

available resources to define a cycle of readiness. At any given time, only selected units have the mission capable readiness level to be routinely deployable.

5. ROC Symbols. Full or “F” means capabilities are provided as prescribed by the ROC statement, i.e., all equipment required to meet this capability is available and operational in the platform authorized equipment list, manpower to meet the capability has been identified by skill set, experience level and quantity and appropriate training is available to meet full capability requirements. Limited or “L” means capabilities can be only partially executed with organic ERSS resources (equipment, manpower, training) and may require external or host support to meet the Full requirement. All Limited (“L”) entries are supported by a statement specifying the limitation.

REQUIRED OPERATIONAL CAPABILITY SYMBOLS	
FULL (F)	LIMITED (L)
Manned, equipped and trained to provide the specified capability.	Manned, equipped and trained to provide less than the specified capability.

Table 2-3

Mission Area	ROC #	ERSS ROC DESCRIPTION	CAPABILITY SYMBOL
ANTI-TERRORISM AND FORCE PROTECTION (ATFP)			
AT, FP	2	PROVIDE AT DEFENSE	
AT, FP	2.4	Anticipate and provide defenses against terrorist activities directed at ships, installations, facilities and personnel	
AT, FP	2.4c	Implement local Force Protection Condition measures	F
COMMAND AND CONTROL (C2)			
C2	2	COORDINATE AND CONTROL THE OPERATIONS OF THE TASK ORGANIZATION OR FUNCTIONAL FORCE TO CARRY OUT ASSIGNED MISSIONS	F
C2	3	PROVIDE OWN UNIT'S C2 FUNCTIONS	
C2	3.9	Establish voice communications with supported forces (L) Limited to initial operating capability voice communications with enduring external communications requiring outside support	L
C2	12	CONDUCT CRISIS ACTION PLANNING	F
CONFRONTING IRREGULAR CHALLENGES (CIC)			
CIC	4	SUPPORT AND CONDUCT MARITIME STABILITY OPERATIONS (MSTO) IN SUPPORT OF INTERAGENCY SECURITY, STABILITY, RECONSTRUCTION, TRANSITION OPERATIONS	
CIC	4.2	Conduct foreign humanitarian assistance and civil support	
CIC	4.2h	Provide ashore or afloat hospital services for use by appropriate government agencies involved in disaster relief operations (L) Only ERSS capabilities and support	L
CYBERSPACE OPERATIONS (CO)			
CO	10	MAINTAIN AND MANAGE COMMUNICATIONS	
CO	10.2	Provide communications for own unit	
CO	10.2k	Maintain internal communications systems (L) Limited to ERSS personnel conducting operator-level inspection and operator-level maintenance tasks associated with ERSS equipment only	L
EXPEDITIONARY WARFARE (EXW)			
EXW	9	CONDUCT EXPEDITIONARY BASE CAMP OPERATIONS	
EXW	9.1	Conduct a site survey to ascertain location, drainage, sanitation, security, access and force integration	L

		(L) Limited to planning for ERSS space allocation and BOS requirements (including power); ERSS does not include environmental health or preventive medicine capability	
EXW	9.2	Conduct liaison with host nation and other Naval, joint or combined forces for support of base camp operations (L) Limited to planning for ERSS integration with overall support plan; requires supported unit's BOS	L
EXW	9.3	Set-up appropriate field equipment including berthing tents, power generation and distribution, water and sanitation, security, damage control, medical and mess tents (L) Limited to organic ERSS medical equipment set-up only; requires supported unit's tents, power, water, messing and other BOS	L
FLEET SUPPORT - ADMINISTRATION (FS-A)			
FS-A	1	PROVIDE ADMINISTRATIVE AND SUPPLY SUPPORT FOR OWN UNIT	
FS-A	1.1	Provide supply support services (L) Limited to organic resupply; requires supported unit logistic support	L
FS-A	1.7	Provide inventory and custodial services (L) Limited to organic ERSS assemblage and usage	L
HEALTH SERVICES (HS)			
HS	1	PROVIDE ROLE 1, UNIT-LEVEL MEDICAL CARE TO PERSONNEL IN AN AFLOAT OR FIELD ENVIRONMENT	
HS	1.3	Provide first aid, triage, resuscitation, stabilization and patient movement	F
HS	1.5	Provide medical treatment for CBR, nuclear and high-yield explosives casualties (L) Limited to treatment of decontaminated casualties and availability of theater or host-provided CBR nuclear countermeasures and supplies	L
HS	2	PROVIDE ROLE 2LM, ADVANCED TRAUMA MANAGEMENT AND EMERGENCY MEDICAL TREATMENT TO PERSONNEL IN AN AFLOAT OR FIELD ENVIRONMENT	
HS	2.1	Conduct advanced resuscitation procedures up to DAMAGE CONTROL SURGERY	L

		(L) Limited by the ERSS AMAL and organic ERSS personnel	
HS	2.2	Provide limited holding (less than 24 hours) in preparation for patient movement Note: No organic holding capacity for prolonged care beyond 96 hours afloat or ashore and 120 hours under-sea; requires host platform space and holding resources	F
HS	8	PROVIDE ANCILLARY SERVICES IN AN AFLOAT OR FIELD ENVIRONMENT	
HS	8.1	Conduct laboratory diagnostic services in an afloat or field environment (L) Limited to portable diagnostic equipment available in ERSS assemblage	L
HS	8.2	Provide blood bank capabilities for fresh and frozen whole blood or blood components in an afloat or field environment (L) Limited to equipment, blood and blood products available in ERSS's Class VIIIA and VIIIB	L
HS	8.3	Provide suitable care for the dead in an afloat or field environment (L) Limited to administrative decedent functions; remains are transferred by host unit for disposition	L
HS	8.4	Conduct pharmacy services in an afloat or field environment (L) Limited to organic ERSS formulary	L
HS	8.5	Conduct radiological diagnostic services in an afloat or field environment (L) Limited to portable ultrasound available in ERSS assemblage	L
HS	8.6	Conduct orthopedic casting services in an afloat or field environment (L) Limited to splinting, temporary immobilization and external fixation	L
HS	11	PROVIDE FORCE HEALTH THREAT ASSESSMENTS AND PREVENTION IN AN AFLOAT OR FIELD ENVIRONMENT	
HS	11.8	Provide for safe and appropriate medical waste collection	F
HS	13	PROVIDE HEALTH SERVICES ADMINISTRATION, GENERAL ADMINISTRATION SUPPORT, TRAINING, LOGISTIC AND EQUIPMENT SUPPORT IN AN AFLOAT OR FIELD ENVIRONMENT	

HS	13.1	Provide scalable and tailorable HS C2 capable of organizing, assessing, planning, training, directing and monitoring NHSS assets	F
HS	13.2	Provide associated medical, dental and general administrative services, training, logistic and equipment support in an afloat or field environment	
HS	13.2d	Patient and Casualty	F
HS	13.3	Identify, equip and maintain suitable spaces to provide medical and dental care commensurate with the capability required	
HS	13.3b	Role 2LM	F
HS	13.4	Identify and maintain adequate storage spaces for medical and dental equipment and supplies commensurate with the capability required	
HS	13.4b	Role 2LM	F
HS	13.6	Perform operational and administrative reporting	F
HS	13.8	Perform HS logistics	
HS	13.8a	Procure, issue, manage, resupply and dispose of medical equipment and supplies (Class VIIIA and VIIIB)	F
HS	13.8b	Conduct bio-medical or dental equipment repair, installation, inspection, calibration and maintenance services (L) Limited to ERSS personnel conducting operator-level inspection and operator-level maintenance tasks associated with ERSS equipment only	L
HS	14	PROVIDE MEDICAL REGULATION, PATIENT MOVEMENT AND RECEIPT OF CASUALTIES AND PATIENTS	
HS	14.4	Coordinate administrative and logistic support for casualties and patients and patient movement items (L) Limited to prioritization of evacuation of patients and communication of patient handoff and medical information to higher medical echelons, using host unit external communications	L
HS	14.5	Coordinate and control patient movement operations and provide support for:	
HS	14.5a	CASEVAC (L) Limited to prioritization of evacuation of patients and communication of patient handoff and medical information to higher medical echelons, using host unit external communications	L
HS	14.5b	MEDEVAC	L

		(L) Limited to prioritization of evacuation of patients and communication of patient handoff and medical information to higher medical echelons, using host unit external communications	
HS	14.5c	Air Evacuation (L) Limited to prioritization of evacuation of patients and communication of patient handoff and medical information to higher medical echelons, using host unit external communications	L
HS	14.6	Receive casualties and patients via surface and air (L) To achieve full capability requires supported unit transportation and litter bearers	L
HS	14.8	Transport and provide for casualty and patient evacuation (L) Limited to preparation of casualties for evacuation and care during CASEVAC to the next role of care in extreme circumstances	L
HS	15	CONDUCT HEALTH SERVICES ABOARD AMPHIBIOUS SHIPS IDENTIFIED AS CASUALTY RECEIVING TREATMENT SHIPS (CRTS) NOTE: Casualty Receiving Treatment Ships have reduced medical treatment capabilities and resources compared to Primary Casualty Receiving Treatment Ships	F
HS	16	INTEGRATE HEALTH SERVICE AUGMENTATION PERSONNEL INTO A NAVY EXPEDITIONARY HEALTH SERVICES AFLOAT OR IN A FIELD ENVIRONMENT	
HS	16.1	Integrate HS augmentation personnel into Role 1 capability, expanding first responder care	F
HS	16.2	Integrate HS augmentation personnel into Role 2 capability, expanding forward resuscitative care	F
HS	17	PROVIDE HEALTH SERVICES TO OTHER UNITS OR MILITARY SERVICES OR AGENCIES	
HS	17.3	Provide medical care and treatment for	
HS	17.3a	Joint Operations (L) Limited to ERSS capability -- only damage control resuscitation and damage control surgery	L
HS	17.3b	Multinational Operations (L) Limited to ERSS capability -- only damage control resuscitation and damage control surgery	L
HS	17.3c	Limited Contingencies	L

		(L) Limited to ERSS capability -- only damage control resuscitation and damage control surgery	
HS	17.3d	Crisis Response (L) Limited to ERSS capability -- only damage control resuscitation and damage control surgery	L
HS	17.3h	Foreign Nationals (L) Limited to emergency care only (life, limb and prevent undue suffering)	L
HS	17.3i	Third Country Nationals (L) Limited to emergency care only (life, limb and prevent undue suffering)	L
HS	17.3j	Enemy Prisoners of War (L) Limited to emergency care only (life, limb and prevent undue suffering); requires continuous detention security by the host unit	L
HS	17.3k	Civilian Internees (L) Limited to emergency care only (life, limb and prevent undue suffering); requires continuous detention security by the host unit	L
HS	17.3l	Detained Personnel (L) Limited to emergency care only (life, limb and prevent undue suffering); requires continuous detention security by the host unit	L
HS	18	PROVIDE HEALTH SERVICES PLANNING TO ASHORE, AFLOAT, FIELD OR JOINT STAFFS	
HS	18.1	Prepare and review the HS portion of plans and orders (L) Limited to providing capabilities and limitations of ERSS to the host unit; ERSS does not have an organic medical planner	L
HS	18.6	Coordinate unit participation in exercises (L) Limited to providing capabilities and limitations of ERSS to the host unit; ERSS does not have an organic medical planner	L
HS	18.12	Coordinate HS for	
HS	18.12 a	Joint Operations (L) Limited to providing capabilities and limitations of ERSS to the host unit; ERSS does not have an organic medical planner	L
HS	18.12 b	Multinational Operations (L) Limited to providing capabilities and limitations of ERSS to the host unit; ERSS does not have an organic medical planner	L

HS	18.12 c	Limited Contingencies (L) Limited to providing capabilities and limitations of ERSS to the host unit; ERSS does not have an organic medical planner	L
HS	18.12 d	Crisis Response (L) Limited to providing capabilities and limitations of ERSS to the host unit; ERSS does not have an organic medical planner	L
MOBILITY (MOB)			
MOB	8	OPERATE FROM A SHIP NOTE: Provide ERSS support and limited holding capability	
MOB	8.1	Operate from an aircraft carrier (L) To achieve full capability requires supported unit's BOS	L
MOB	8.2	Operate from a ship with a helicopter platform (L) To achieve full capability requires supported unit's BOS	L
MOB	8.3	Operate from a submarine (L) Due to host platform space constraints, deployment of ERSS may be limited to a single UTC.	L
MOB	8.8	Operate from a well deck-equipped amphibious ship (L) To achieve full capability requires supported unit's BOS	L
MOB	8.11	Operate from an auxiliary submarine rescue ship (L) To achieve full capability requires supported unit's BOS	L
MOB	8.12	Operate from an Amphibious Assault Ship (Dock) (LHD), Amphibious Assault Ship (General Purpose) (LHA) (L) To achieve full capability requires supported unit's BOS	L
MOB	8.13	Operate from a tender (L) To achieve full capability requires supported unit's BOS	L
MOB	11	MAINTAIN MOUNT-OUT CAPABILITIES	
MOB	11.1	Deploy with organic allowance within designated time period (L) To achieve full capability requires supported unit's BOS and transportation support NOTE: Within 10 days after receipt of execution order per BUMED Tiered Readiness Policy	L

MOB	11.2	Mount-out selected elements or detachments (L) To achieve full capability requires supported unit's BOS and transportation support; "Selected elements" refers to ERSS UTC construct (damage control resuscitation Team and damage control surgery Team)	L
MOB	11.3	Maintain capability for rapid airlift of unit or detachment as directed (L) To achieve full capability requires supported unit's BOS and transportation	L
MOB	11.5	Maintain capability for rapid ground conveyance of unit or detachment (L) To achieve full capability requires supported unit's BOS and transportation	L
MOB	12	MAINTAIN HEALTH AND WELL-BEING OF THE CREW	
MOB	12.11	Provide antidotes to staff, patients and casualties which will counteract the effects caused by a CBR-contaminated environment (L) Limited to supplies and equipment provided in theater or from a supported unit	L
MOB	14	CONDUCT OPERATIONS ASHORE	
MOB	14.1	Operate in climatic extremes ranging from severe cold weather to hot-humid (tropical) to hot-dry (desert) and coastal and ocean environments (L) To achieve full capability requires supported unit's BOS, transportation and personal protective equipment	L
MOB	14.2	Operate in rear of combat zone in afloat pre-positioning force or Marine Expeditionary Brigade operations (L) To achieve full capability requires supported unit's BOS and transportation	L
MOB	14.5	Conduct peacetime activation, mount-out and movement exercises of selected personnel and equipment to ensure capability of contingencies involving naval forces short of a general war (L) To achieve full capability requires supported unit's BOS and transportation	L
MOB	14.7	Provide qualified personnel to conduct site survey (L) Provide input on location suitability and BOS support requirements	L
MISSIONS OF STATE (MOS)			
MOS	1	PERFORM NAVAL DIPLOMATIC PRESENCE OPERATIONS	

MOS	1.2	Conduct force and unit tour for foreign dignitaries (L) Within ERSS capability and capacity	L
MOS	1.8	Participate in military exercises with allied nations (L) Requires supported unit's BOS and transportation	L
MOS	1.9	Participate in military exercises with non-allied nations (L) Requires supported unit's BOS and transportation	L
NON-COMBAT OPERATIONS (NCO)			
NCO	3	PROVIDE UPKEEP AND MAINTENANCE OF OWN UNIT	
NCO	3.1	Provide organizational level preventive maintenance (L) organic personnel conduct functional and immediate action checks only; to achieve full capability, biomedical repair augmentation is required	L
NCO	3.5	Provide for proper storage, handling, use and transfer of hazardous materials (L) Limited to medical waste; requires supported unit's BOS and logistic support	L

Table 2-4